

Effective October 1, 2001										·		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS							R/	ATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X	9=		OR	X\$18=	:
INDEPENDENT CLAIMS			minus 3 =		*		X	12=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				+1	40=		OR	+280=	,
* If	the difference	in column 1 is l	ess than zero, enter "0" in column 2			TO	TAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II						(Column 3)	SM	ALL	ENTITY	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT	. R/	ATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	* 9	Minus	** Á		= /	X	9=		OR	X\$18=	<i>i</i> '
	Independent	. 3	Minus	*** (f	= /	X	12=	·	OŔ	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM	/	+1	40=.		OR	+280=	
	· /							OTAL FEE		OR	TOTAŲ ADDIT. FEE	
*		(Column 1)	(Column 2) (Column, 3)				ADDIT. FEE					
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE	. * *	RATE	ADDI- TIONAL FEE
	Total	* 9	Minus	** 2	0	=	X	9=		OR	X\$18=	
	Independent	. 3	Minus	***	-	= /	X	12=		or	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM		+1	40=		OR	+280=	
y .	7.							OTAL r. fee		OR	TOTAL ADDIT. FEE	
	.}	(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	R/	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	2=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.200-	
					o 404 in no	tumn 3		40=		OR	+280= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa ber Previously Pai	-:	C COM IE	ie lace iliz	ma ene a.		the ap	propriate bo	x in co	lumn 1.	3 T. 1